# Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Mental Health Trust Fund

3rd Quarter Report for the 2010-11 Fiscal Year

For the County/City of\_\_\_\_\_

DEPOSITS	JANUARY	FEBRUARY	MARCH	TOTAL
1. Sales Tax				
a. Allocation				
b. Less: State Hospital Offset				
c. Less: Managed Care Offset				
d. State Hospital Adjustments				
e. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Mental Health Match				
b. Vehicle License Fees Annual Base				
c. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
DISBURSEMENTS				
Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed				
TRANSFERS				
Transfers In (Out) to     Other Trust Funds				
Questions concerning the preparation of th	•	ed to		
Telephone No. ()				
Certification:				
As Mental Health Director for the County/City of		, I certif	, I certify that the amounts stated on this report are true,	
accurate, and complete.				
	()			
Mental Health Director Telephone No.		hone No.	Date	
As Auditor-Controller for the County/City of		, I con	cur with the Mental Health	Director that the amounts
stated on this report are true, accurate, and	d complete.			
	,			
Auditor-Controller	( <i>)</i> Telent	none No.		·····

#### MENTAL HEALTH TRUST FUND INSTRUCTIONS

#### Instructions for the 2010-11 Third Quarter Report.

- Reports must be returned by May 28, 2011, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2010-11 third quarter deposits made January through March 2011.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

#### **Deposits**

1	Sal	es	tax

In columns titled "January, February, and March" enter the total Allocation W & I Code Sec. 17601 amount allocated January 27, February 25, and March 25, 2011, respectively.

b. Less: State Hospital Offset W & I Code Sec. 17601

In columns titled "January, February, and March," enter the State Hospital Service contract offsets made in January through March 2011. Note: Counties making direct payments should enter -0- and refer to line 6.

c. Less: Managed Care Offset In columns titled "January, February, and March," enter the Managed Care Program offset amounts made in January through March 2011.

d. State Hospital Adjustments

In column titled "February" enter the State Hospital Adjustments made in February 2011.

e. Total Sales Tax Revenue

Enter the total of lines 1a, 1b, 1c and 1d.

2. County/City Matching Funds

a. Mental Health Match W & I Code Sec. 17608.05

Enter the amount of local matching funds deposited from January through March 2011 in accordance with the schedule developed by the State Department of Mental Health.

b. Vehicle License Fees Annual Base

In the columns titled "January, February, and March," enter the amounts deposited in January 27, February 25, and March 25, 2011, respectively.

c. Total Matching Funds

Enter the total of lines 2a, and 2b.

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1e, 2c, and 3.

#### **Disbursements**

5. Transfers to Operating Funds

Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify)

Enter and identify any other disbursements made during the third

quarter.

7. Total Funds Disbursed

Enter the total of lines 5 and 6.

#### **Transfers**

8. Transfers In (Out) to Other Trust Funds

Enter the transfers In (Out) between trust fund accounts.

W & I Code Sec. 17600.20

### Office of the State Controller of California Division of Accounting and Reporting

### Report of Local Health and Welfare Trust Funds Health Trust Fund

3rd Quarter Report for the 2010-11 Fiscal Year

For the County/City of

DEPOSITS	JANUARY	FEBRUARY	MARCH	TOTAL	
. Sales Tax					
a. Allocation					
b. Less: CMSP Offset					
c. Total Sales Tax Revenue					
. County/City Matching Funds					
a. Health Match					
b. Vehicle License Fee					
i. Allocation					
ii. Less: CMSP Offset					
c. Total Matching Funds					
. Other (identify)					
. Total Funds Deposited					
DISBURSEMENTS					
. Transfers to Operating Funds					
CMSP Payments					
Other (identify)					
. Total Funds Disbursed					
TRANSFERS					
. Transfers In (Out) to Other Trust Funds					
Other Trust Funds					
uestions concerning the preparation of this	s report should be direct	ed to			
elephone No. ()					
ertification:					
s Health Director for the County/City of		l certify t	hat the amounts stated on th	nis renort are true	
ccurate, and complete.		, 1 octary to		no report are true,	
Hoolth Director	()	hana Na			
Health Director	ı elep	hone No.	Date		
s Auditor-Controller for the County/City of		, I conc	ur with the Health Director th	nat the amounts	
tated on this report are true, accurate, and	complete.				
	( )				
Auditor-Controller	/ Teler	phone No.		to	

#### HEALTH TRUST FUND INSTRUCTIONS

#### Instructions for the 2010-11 Third Quarter Report

- Reports must be returned by May 28, 2011, to State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2009-10 third quarter deposits made January through March 2011.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

#### **Deposits**

Sales Tax

a. Allocation In columns titled "January, February, and March" enter the total amount W & I Code Sec. 17603 allocated January 27, February 25, and March 25, 2011, respectively.

b. Less: CMSP Offset Enter the amounts of the County Medical Services Program (CMSP) offsets from February 2011. Note: Counties making direct payments should enter -0-

and refer to line 6.

c. Total Sales Tax Revenue Enter the total of line 1a and 1b.

2. County/City Matching Funds

a. Health Match In columns titled "January, February, and March" enter the gross amount of W & I Code Sec. 17608.10(a) local matching funds deposited from January through March 2011, based on

the schedule shown in W & I Code Section 17608.10.

b. Vehicle License Fee W & I Code Sec. 17608.10(b)

i. Allocation Enter the amount of county/city matching funds deposited as Vehicle License

Fees in the columns titled "January, February, and March," enter the total amount allocated on January 27, February 25, and March 25, 2011,

respectively.

ii. Less: CMSP Offset

W & I Code Sec.17604.05

Enter the amount of the County Medical Services Program offset from January thru March 2011. Note: Counties making direct payments should enter -0- and

refer to line 6.

c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1c, 2c, and 3.

#### **Disbursements**

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. CMSP Payments Enter the amounts from counties/cities making direct CMSP payments to the

Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the third quarter.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

#### **Transfers**

9. Transfers In (Out) to Other Trust Funds, Enter the transfers In (Out) between trust fund accounts.

W & I Code Sec. 17600.

## Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds

#### **Social Services Trust Fund**

3rd Quarter Report for the 2010-11 Fiscal Year

For the County of	

DEPOSITS	JANUARY	FEBRUARY	MARCH	TOTAL	
1. Sales Tax	OANOAN	ILDIOANI	MARON	TOTAL	
a. Allocation					
2. Vehicle License Fees					
a. Vehicle License Fees Annual Base					
Other (identify)					
Total Funds Deposited					
DISBURSEMENTS					
5. Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
TRANSFERS					
Transfers In (Out) to     Other Trust Funds					
Questions concerning the preparation of this report should be directed to					
Telephone No. ()					
Certification:					
As Social Services Director for the County of, I certify that the amounts stated on this report are true,					
accurate, and complete.					
	()				
Social Services Director	ocial Services Director Telephone No. Date				
As Auditor-Controller for the County of, I concur with the Social Services Director that the amounts stated					
on this report are true, accurate, and complete.					
	()				
Auditor-Controller	Telephone	e No.	Date		

#### SOCIAL SERVICES TRUST FUND INSTRUCTIONS

#### Instructions for the 2010-11 Third Quarter Report.

- Reports must be returned by May 28, 2011, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- Report 2010-11 third quarter deposits made January through March 2011.
- Refer to the remittance advice received with your payments.
- ♦ Do not enter amounts in gray areas.

#### **Deposits**

1. Sales Tax

In columns titled "January, February, and March" enter the total amount a. Allocation

allocated January 27, February 25, and March 25, 2011, respectively.

2. Vehicle License Fees

a. Vehicle License Fees In columns titled "January, February, and March" enter the total amount Annual Base

allocated January 27, February 25, and March 25, 2011, respectively.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

**Disbursements** 

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the second

quarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

**Transfers** 

8. Transfers In (Out) to Other

Trust Funds

W & I Code Sec. 17600.20

Enter the Transfers In (Out) between trust fund accounts.